

Augmentative Communication Systems

Iowa Medicaid Program:	Prior Authorization	Effective Date:	1/1/2005
Revision Number:	4	Last Review Date:	1/11/2018
Reviewed By:	Speech-Language Specialist	Next Review Date:	1/2019
Approved By:	Medicaid Medical Director	Approved Date:	3/13/2018

Criteria:

Augmentative communication systems (speech generating devices) are covered for members unable to communicate their basic needs through oral speech or manual sign language.

Augmentative communication systems require prior authorization. In addition to the *Request for Prior Authorization*, form 470-2145, *Augmentative Communication System Selection*, is required.

Information requested on form 470-2145 includes a medical history, diagnosis, and prognosis completed by a physician.

A speech or language pathologist needs to describe current functional abilities in the following areas:

- a. Communication skills
- b. Motor status
- c. Sensory status
- d. Cognitive status
- e. Social status
- f. Emotional status
- g. Language status
- h. Required from the speech or language pathologist is information on:
 - i. Educational ability and needs, if relevant
 - ii. Vocational potential, if relevant
 - iii. Anticipated duration of need
 - iv. Prognosis regarding oral communication skills
 - v. Prognosis with a particular device
 - vi. Recommendations

Medical Services consultant with expertise in speech pathology evaluates each request. The consultant may request a trial period with a particular device. Reimbursement for the rental of the equipment for up to three months for a trial period is available.

A minimum one-month trial period is required during which time the member should have access to the device daily in a variety of communication situations. Previous communication device use, cognitive level, and age of the member are considered in determining whether the trial period is adequate.

Payment is made for the most cost-effective item which meets basic communication needs commensurate with the person's cognitive and language abilities.

Personal computers, electronic tablets, such as iPads, and software are not considered a communication device and are not covered.

HCPCS Code:

E2500	E2510
E2502	E2511
E2504	E2512
E2506	E2599
E2508	

References Used:

Medicaid Provider Manual

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
1/18/13	CAC	Removed 2 nd paragraph under criteria	1
2/8/13	Policy Staff	Added reference to electronic tablets, such as IPADS under non-covered	2
12/29/14	Speech-Language Specialist	Criteria h - i and ii added "if relevant".	3
1/16/15	Medical Director	Added last paragraph in References Used.	4



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